

Dear Parents and Guardians:

New York State Education Law states that under no circumstances are school personnel permitted to administer or dispense any medication (either prescribed or over-the-counter varieties), nor is a child permitted to self-medicate, **without** written authorization from both the physician and the parent/guardians.

Under certain circumstances it is necessary for students to take medication during school hours. In grades K-6, medications will be kept in the RCCA office to be administered by office personnel. The parent must submit a written order from the student's physician indicating the frequency and dosage of the prescribed medication. Such medication is to be brought to school in its original container* by the parent or guardian. In these instances, **no** medication may be brought to school by the student or transported on the school bus. ***This is a state law.***

Students in grades 7-12 may carry their medications with them, and these medications may be self-administered under the following conditions:

1. Written authorization for self-directed administration must be on file in the RCCA office during the time period when the medication is needed.
2. One day's dosage is the maximum amount of a medication that may be carried to school at one time. Inhalers will be an exception to this rule.
3. Students who are authorized to self-medicate also have permission to transport this medicine on the school bus.
4. Medication, whether prescription or an "over the counter" variety, may NEVER be shared with another person.

In grades K-6, inhalers for severe asthmatics and medications requiring immediate administration for other severe conditions may be kept in the student's classroom, and the teacher will be trained to administer said medication.

If it becomes necessary for your child to take medication during the school year, medication forms are available in the school office.

*(Note: You can request a second labeled container from the pharmacist for home use.)

Sincerely,

Jane Miller, RN
Vestal District School Nurse

Jeni Chase
School Administrator

Ross Corners Christian Academy

2101 Owego Road, Vestal, NY 13850; ph/fax: 607-748-3301

Self Medication Release Form

Date: _____

Student's Name: _____ Student's Grade: _____

We (Physician's signature): _____

And (Parent's signature): _____

Request that **(Student's Name):** _____ be permitted to carry the following medication on his/her person as we consider him/her to be responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use to self-medicate as necessary.

Medication Name: _____

Student has been instructed in the proper use of the following medication procedures: _____

This medication is prescribed for the following condition:

Parent Contact Information in case of questions or concerns: _____

It is anticipated that the need for immediate availability of medication would be rare. ALL medication carried by students should be used for potentially severe, acute medical conditions only.

Educating Minds, Transforming Hearts